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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 311772000500 | | | | | | | | | | | | | | | | |
| In re Application of Richard C. ALLEN et al. | | | | | | | | | | | | | | | | | | |
| Application Number 09/002,413 | | Filed January 2, 1998 | | | | | | | | | | | | | | | | |
| For USE OF PIGMENTED RETINAL EPITHELIAL CELLS FOR CREATION OF AN IMMUNE PRIVILEGE SITE | | | | | | | | | | | | | | | | | | |
| Art Unit 1632 | | Examiner M. Wilson | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 150px;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 100px; text-align: right;">\$</td><td style="width: 100px;"></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td><td style="text-align: right;">980.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td><td></td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 490.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 46,332</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>October 28, 2004 Date</p><p>(858) 720-5191 Telephone Number</p></div><div style="width: 45%; text-align: center;"><p> Signature</p><p>Karen Zachow, Ph.D. Typed or printed name</p></div></div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> | | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | 980.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | 980.00 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted. | | | | | | | | | | | | | | | | | | |

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